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ORIGINAL COMMUNICATIONS.

ARTICLE I.—*Report of the Committee on Practical Medicine.* By SAMUEL THOMPSON, M.D., of Albion, Edwards County, Ill. Presented to the State Medical Society.

[Concluded.]

Pneumonia, as might have been expected, occupied quite a prominent place among the diseases of last winter and spring. Dr. Nance observes, in his letter to the committee, "That pneumonia and broncho-pneumonia have been quite prevalent since the winter broke up. But very few cases of *pleuritis* have been seen in this vicinity for some years." This singular fact, we believe, applies to a large range of country. Dr. Haller, of Vandalia, informs the committee, "that, during the months of January and February, there were quite a number of cases of typhoid pneumonia, which I treated with *alteratives, anodynes, tonics, stimulating expectorants, &c.*, with the auxiliaries, *rubefacients, and vesicants.* I have not bled a single case of pneumonia this season of any kind, but in many I have used the tartar emetic freely, and there has been less fatality than usual." Now we do protest against such lawyer-like generalizations. Here, we request, on behalf of the profession, *facts;* and put a string of categorical questions; and we have for answer, that quite a number of cases occurred, that nearly

every class of remedies comprised in the Pharmacopœia were used, and that less than the usual number died: now, even here, unless we know what is the usual mortality in the Doctor's neighborhood, how can we gain even approximative information? Dr. Harris considers, that round Ottawa the number of cases of pneumonia ranked next to those of Periodic fevers, while a great many of the cases bore the intermittent stamp, and not only bore but needed quinine in the treatment.

Dr. Payne writes that early in the spring, pneumonia began to prevail, and has continued, with some abatement, up to the present time, (May 16,) and that the disease has been much more fatal than has ever been known before. Commencing as a bronchitis for several days, when pneumonia, with typhoid symptoms supervened. But we will let him speak for himself. "During the extreme cold weather of the winter we had little sickness. Early in the spring, however, pneumonia prevailed, and has continued, but with some abatement, up to the present time. The disease has been much more fatal than has ever been known before in this locality. In almost every case it has been complicated with early typhoid symptoms, and in some cases so completely masked by the occurrence of typhoid as to render it much more difficult to form a correct diagnosis. In fact, the typhoid symptoms were so prominent that some physicians would have denominated it typhoid fever with pneumonia as a complication. The disease, in a majority of cases, was preceded by a severe cold, in other words, bronchitis, for several days, usually ushered in with a distinct chill, or a chilly sensation, and in a short time, followed by frequent pulse, flushing in the face, pain in the side, usually the left, cough, with expectoration of mucus, with more or less blood. In many cases there was great oppression at the stomach, with nausea and vomiting—tongue with a heavy bilious coating at the commencement. These symptoms, unless arrested, would increase, or assume a different form. The pulse, instead of becoming hard, became more easily compressed, but more frequent—less difficulty of breathing, but more disturbance of the mind, and, in several instances, amounting to complete delirium. The tongue now usually became dry, and in some cases, swelled and red around the edges.

The bowels bound at the commencement, but generally afterwards a tendency to diarrhœa. If the case proved fatal, these symptoms would increase to the ninth, and in some cases, to the twelfth day. I should have remarked that in the majority of cases there was great bilious derangement, a jaundiced state of the skin, and vomiting of large quantities of bilious matter, which would continue for four or five days after the disease was ushered in; so that we had superadded to the typhoid symptoms, bronchial inflammation and a system poisoned as it were with bilious matter. This description is not intended to answer for all, for in some cases the inflammatory symptoms were prominent from the commencement to the termination of the disease. *Congestive pneumonia* occurred in several cases, proving fatal in most of them. I was so fortunate as to see but one case, and that terminated fatally. Reaction was imperfectly established in about 48 hours from the time he was taken with the chill; but the prostration was so great, and the nervous system so overwhelmed by the shock of the disease, that he died on the evening of the eighth day. The treatment of these cases was different. In the first or typhoid form, much active treatment could not be used, on account of the great tendency to prostration. A full dose of calomel and ipecac, if given early, had a good effect; in some cases it was arrested at the threshold, and where this was not the case its violence was moderated. In those cases where the disease was fully formed, and the typhoid symptoms superadded, I preferred giving the calomel in smaller doses, say 12 grains of calomel in three portions, with 5 grains of Dover's powder, with each combined, and this worked off in some twelve or fourteen hours with castor oil, if necessary; expectorants, as comp. syr. of squill, were used in cases where the stomach was not already irritable; diaphoretics were also used after the operation of calomel. I usually give Dover's powder, every two or three hours, in 8 or 10 grain doses, and continued the patient on their use for some 24 or 48 hours, until I again considered it necessary to repeat the calomel. Later in the disease stimulating expectorants, and quinine as a tonic, and where necessary brandy as a stimulant, and a blister over the region of the affected lung after

the 2d or 3d day was beneficial. In the second form I have referred to, viz., those cases of an active inflammatory character, depletion was borne to a greater extent. We do not deplete with the lancet; in fact, bleeding in this section in pneumonia, I believe, is entirely abandoned: calomel in active doses, and tartar emetic in nauseating doses, answering all the purposes that might be obtained by the use of the lancet. Later in the disease, syrup of squills and senega, as a stimulating expectorant, is used. But few cases of this kind occurred, and all, so far as I am able to learn, recovered. In the congestive form, the indication was to establish reaction, and, after reaction was established, to promote expectoration and guard against prostration."

"The only disease which has prevailed as an epidemic to any extent, within the last two years, is acute bronchitis. I have already spoken of this disease, in my remarks on pneumonia. Many of the adult population, and particularly the males, were attacked with it; it did not prove serious in any of these cases, most of them being able to attend to their ordinary business; the greatest danger was its liability to terminate in pneumonia. It was, however, among children, of a more aggravated form, usually coming on with a chill, or chilly sensations, followed in a short time by high fever, tightness across the chest and down the sternum, great oppression referred to the epigastrium, severe paroxysmal fits of coughing, the mucus occasionally mixed with blood; there was a remission in most cases in the fever towards morning. The disease was of various grades, from the mildest to the most aggravated form: the duration of the disease was from ten days to two weeks. It made its appearance the latter part of March, continuing for five or six weeks before it declined. I had quite a number of cases under my charge, all of which recovered, and so far as I am able to learn but one or at most two deaths occurred among all the cases. The disease was principally confined to Marshall and its vicintity, but a few cases occurred in the country. It was confined principally to the eastern portion of the town, and where it seized upon one member it was usually followed by others, and in some few cases every member of a family was

attacked. There was nothing very novel in the treatment; calomel was required in some cases where there was much bilious derangement, or the inflammatory action ran high. In those cases where there was a marked remission, quinine seemed to be of the greatest benefit, cutting short some few cases and materially moderating the violence of others. There were several cases that I believe would have terminated fatally, had it not been for the use of this valuable agent. All of our physicians, so far as I have conversed, made use of it. Diaphoretics, expectorants, and a blister over the sternum were used." In our own neighborhood (Edwards and Wayne Counties) there has been an almost universal prevalence of bronchial affections, especially during April and the beginning of May, constituting in fact a true influenza, in which the affection of the larynx was the most prominent and troublesome symptom: and we are informed the same state of things extended over the counties adjoining. Our experience in the prevalence of pneumonia, also, fully confirms the statements of Drs. Nance, Haller, Harris, and Payne; for though the cases under our observation have hardly presented quite so markedly typhoid a character as they describe to have been present, yet the number of cases of pneumonic affections have been greater than we remember to have met with for many years in our generally healthy neighborhood. Comparing, for instance, our experience in 1855 with 1856, we find that from January to July of the former year we have notes of but 7 cases of pneumonia proper, and 7 cases of other affections of the respiratory organs, making 14 in all, and no deaths: while, beginning on 20th November, 1855, and ending on 16th May, 1856, we have notes of 55 cases of affections of the respiratory organs, of which 35 were cases of pneumonia, the last of which was on 21st April, and 20 were chiefly of the character of influenza. Of the cases of pneumonia, 6 died—1 in February, 2 in March, and 3 in April. Of the 2 in March, one was a man with tubercles in the lungs, who in November had recovered from pneumonia complicated with intermittent, and who was recovering from the last attack, when, on 7th March, during a very cold wind, he insisted on getting up and going out to urinate—he died the next day:

the other was a lady of scrofulous habit, who had been under a Steamer or Eclectic for some days, and finally became insane, which she had been some years before. Three of the remaining cases died in one house, mother, daughter, and son, from want of protection from the cold wind—the cabin was like a seive. These last were the most truly typhoid cases of pneumonia we have seen this season; but in nearly every instance we remarked the peculiar predominance of bronchitic symptoms in the first stages of nearly every case. Our treatment was generally tartar emetic and opium, according to the following formula:—Tartar emetic, ʒ j.; powdered opium, ʒ ss.; ext. gentian, q.s.; divide into 120 pills. We consider the combination of the extract of gentian highly useful, as somewhat counteracting the debilitating effect of the tartar emetic. Of these pills, either whole or divided, according to circumstances, we are in the habit of giving one every two hours (if the stomach will bear it) while the acute symptoms last; substituting in very typhoid cases, &c., calomel and opium, or calomel and quinine with opium, or ipecac and Dover's powder, according to circumstances. We prefer administering tartar emetic in pill for two reasons: when given in solution or in powders we have frequently found it produced a troublesome irritation of the throat and fauces; and once we met with a case of poisoning by tartar emetic, from a child taking up the cup containing the solution and drinking it for pure water. Blisters in *acute* cases, except in the latter stages, when the febrile symptoms have much abated, we do not like: and we fully concur with Dr. Payne, that bleeding under the present adynamic constitutional condition would be generally improper.

Of the exanthemata there would appear to have been a large number of cases. Dr. McBane, of Metropolis City, reports nine cases of *variola* in one family, occurring from January to April; all recovered, and the disease did not spread. Dr. Nance, of Stark County, also reports that during the past winter variola prevailed extensively in and near the village of Altona, on the C. M. I. Railroad, and also at Walnut Grove, in Knox County, and considers that not less than forty persons were attacked, though very few died; and notwithstanding that the citizens

were guilty of great carelessness, general vaccination prevented its spread. The non-extension of the disease in these cases, is a strong argument against the opinions we have seen broached by medical men, both in England and America, as to the inefficiency of vaccination. We wish our correspondents had given us a description of the grade of the disease, the sequelæ, and whether any means (and if any, what means,) were used to prevent the pitting of the skin, &c., &c. As it is, the record of fact of the occurrence of the diseases teaches little for the future.

From Chicago, the only accounts we have obtained, are derived from the *N.-W. Journal*, for April, 1855, wherein Dr. Davis, at the Cook County Medical Society, refers to the unusual prevalence of small-pox, and the rapidity and extent to which it had spread, remarking that he considered it could not be accounted for by direct contagion, but that it must be *aided* at least by an epidemic condition of the atmosphere: and in a note by the editors it is stated, that about the same period variola had appeared in a very large proportion of the principal towns of the North-West.

Dr. McBane reports that scarlatina has been prevailing in the higher localities in his neighborhood, and often proved fatal when mercurially treated. He says, "I have seen and treated many cases successfully by avoiding mercury."

In Stark County, we also learn from Dr. Nance, that rubeola has prevailed more extensively during the latter part of the winter, and in the months of March and April, than at any period since the winter of 1847 and 1848. The epidemic appears to have been quite severe, being usually complicated with pneumonia, and sometimes with congestion of the brain, arachnitis, convulsions, &c., nevertheless few died, except in case of those who were previously laboring under phthisis.

In the neighborhood of Vandalia, we also learn from Dr. Haller, that erysipelas has occurred which has been of a more asthenic character than formerly, and bearing the use of tonics. In his report on the sanitary characteristics of Chicago, in *N.-W. Journal*, for May, 1855, Prof. Davis reports 8 or 10 cases of severe erysipelas. In some of these cases, he admin-

istered the tincture of the muriate of iron, giving 20 drops every 4 hours, prescribing at the same time turpentine, quinine, and opium. He states, that of the four cases in which the iron was given, it was successful in three, the other case was not benefited by it. In two cases of cutaneous erysipelas, occurring in children under three years of age, the Chairman of the Committee applied the tinct. iodine (diluted with alcohol so as to adapt it to their tender skins) externally, repeating the application as fast as the color faded, and gave at the same time alterative doses of calomel and pulv. Doveri: both these cases quickly recovered. In four other cases, to which he was called early this year, he administered the tinct. of the muriate of iron, 15 to 20 drops every three hours; applied externally the tinct. iodine, and gave calomel and Dover's powder, or quinine, &c., according to the symptoms, and all recovered.

Two other subjects demand our notice, milksickness and cholera. Of the first we have but one report, which we insert, it is from Dr. Haller. He says, "milksickness does occur in some parts of our county, and is confined to particular localities. We find it on small timbered streams, where the water, during a great part of the grazing season, stands in pools, as there is not enough to run. At these places animals get water, and in such localities as this we find the sloes. Our stock, that keep along the river and in the bottom, are not known to have the sloes. The soil along these little streams, is of a black loamy kind in some places and sandy in others, and as we get out from the creeks we find whitish-yellow clay, common on the post-oak flats. This disease occurs most frequently and is much worse in dry seasons than wet. Last season was uncommonly wet, and I did neither see nor hear of a case occurring in our county: notwithstanding, we had more malarial fever than was ever known before in one season—it occurs from the month of July up to cold weather. I am of opinion it is a mineral poison that does the mischief, and it so affects the animals solids and fluids, that whosoever eats of them becomes affected with animal poison, giving the symptoms we find when called upon to treat them. I am led to this conclusion from what I have seen among animals and men diseased with it. When I

am called to see a man with the sloes, I commence giving him hydg. sub-mur. and opium, and continue it until I produce a slight ptyalism, at the same time open the lower bowels with glysters, then I give a good brisk purgative of croton oil, still keeping up the injections. After his bowels are thoroughly moved, if he needs tonics and his stomach is still irritable, I give a few sedative doses of quinine, and brandy *ad libitum;* after this I give tinct. ferri mur. and iodide potassium, looking out to keep the bowels in a laxative state. I continue the iodide of potassium so long as there is any torpidity of the biliary secretion and debility of the system. In short, my system is just about the same as I use for *painter's colic.* My success has been very good. I always ptyalize, and then give the iodide of potassium till they are entirely recovered."

Now, though we can by no means endorse the Doctor's etiology, pathology, or therapeutics, yet we are pleased to receive and to record descriptions of the localities of this endemic and of its treatment, as some further addition to the statistics of a disease about which, as yet, much prejudice, assumption, and theorizing has existed, but about which, as yet, we possess very few reliable facts. We only regret, as in other diseases, that he and others should assume that everybody means to describe a similar pathological condition by the same name. We are very much inclined to think that it would be wise for us in many cases to follow the example of the sign painter, who painted what he designed for a red cow, but supposing everybody might not come to the same conclusion as to what it did indicate, he wrote under it, *this is a red cow.* Now, we would suggest to our brethren, when *they* write the name of a disease, upon the features of which there is not universal consent, that they reverse the sign painter's course, and paint the lineaments underneath. For ourselves, we can confirm Dr. Haller's observation, of the absence of any cases of milksickness last year, and confirm his opinion, expressed by ourselves and others years ago, that it is always most common after *dry* weather. We were the more pleased to have some contribution to copy on this subject at the present time, in order that our brethren in southern Indiana might see that there is not such an utter want of

knowledge of this disease as some of them appear to suppose. We refer to an article by our friend, W. H. Byford, M.D., of Evansville, copied from the *Nashville Journal of Medicine* into the *N.-W. Journal*, of this State, for January, 1856, and headed, "Milksickness, Poison, Tires, &c.," in which the author appears to be ignorant that any persons have ever written on the subject before, or to be aware that there is great diversity of opinion as to its etiology and treatment. And, though we are glad to see another and an able man publish his description of a disease which, like typhoid fever, appears to bear a different character, under one name, in different places; yet we should have liked to have seen that the Doctor, in writing a *Systematic Essay for the Benefit of the Junior Members of the Profession*, should have ascertained what others had done, and have referred to what others had written on the same subject, on which, as yet, all certainly are but inquirers and learners: he would perhaps have found, that, in 1810, the late Professor Drake wrote upon and, in 1841, published a pamphlet on the subject; that, somewhere about the same time, Dr. Seaton, in the White River country, in *Indiana*, published a long article on this disease; that Dr. Barber wrote on the subject as far back as 1809; that, in 1822, Dr. McCall, of Tennessee, published an article on this disease in the *Philadelphia Journal*, which is quoted in the *Cyclopædia of Practical Medicine*, published in London, in 1833; that, in 1848, Dr. S. Thompson published an article on the subject, in the *St. Louis Medical Journal*, for November. In the *N.-W. Medical Journal*, for January, 1850, is the record of a case by Dr. J. M. Logan, of Palestine, Ill.; in the same journal, for May, 1850, in an article on "Malaria, &c.," by Dr. S. Thompson, of Ill., are remarks on the subject, with a description of six cases; that, again, in the same journal, is a paper by Dr. J. J. Lesher, of Mt. Carmel, Ill., on milksickness. That, in the Report of the Committee on Practical Medicine for this Society, in 1851, four pages are occupied with the subject. In the *Western Journal of Medicine*, published in Louisville, in May, 1852, is a long and most valuable article on the same subject, by Prof. L. P. Yandell, perhaps the most compendious paper that has

been written, and giving many references to authorities, occupying more than 27 pages; but *Dr. Yandell* had never seen anything which had been written in *this* State on milksickness, or at least does not refer to it. In the same journal, in the same year we think, (we cannot lay our hand on it,) is the Inaugural Thesis of Dr. S. W. Thompson, on Milksickness. In the *N.-W. Journal*, for August, 1853, is a paper of 9 or 10 pages on milksickness, by Dr. Samuel Thompson, of Ill., being an essay read before the Æsculapian Society, and published by order of the Society; in the same journal, for May, 1852, is, also, a short article on the treatment of this disease, by Dr. C. W. Davis. Somewhere about 1844 or 1845, Dr. Solon Borland published a small pamphlet on milksickness, containing some interesting statements. Now, when our humble selves, in 1853, presented a very unpretending paper to this Society, on the "Uses of Turpentine," which they did us the honor to approve, *we* received chastisement with a cat-o'-nine tails from our old friend, Dr. Hall, of Toulon, about every month, for we forget how long—because we had failed to quote *all* that Dr. Copeland had written on the *same* subject; which chastisement we bore (as is our nature) in humble silence, though we were dragged round the country every month, with the terrific warning written on our backs, "Render unto Cæsar the things that are Cæsars," giving us at any rate, if not fame, notoriety. But what shall we say to our neighbor of Evansville, who, from so many contributors to this subject, has not noticed *one* — we transfer him to Dr. Hall.

In answer to our circular questions on this subject, this year, Dr. McBane says there has been no milksickness in his neighborhood. Drs. Payne, Nance, and Vincenz, report no cases around them.

On the subject of Cholera, the last-named gentleman relates, that, in June, 1854, a Swiss, lately emigrated, died of cholera. An American family, in the same house, father, son, and daughter, then died of the same disease in two days; that, not very far from this house, an elderly woman, and a young man and his wife died. In a house opposite to this, another man and his little boy died; and in the next house to this a young woman

died. Dr. V. did not attend them, and does not know what treatment was used, neither does he state *what was the sanitary condition of the houses and their surroundings;* but in a previous part of his letter he says, there are no swamps or standing waters nearer than 4 miles in a S.W. direction; the village contains about 800 inhabitants, and the country is well cleared. Dr. Nance states that cholera made its appearance about 10 miles distant from Lafayette, in July, 1854; but that since then, till August last, there had been no more cases: then it commenced in a Swedish family, 3 miles from town; but he remarks that the filth *about* the house, with a hog wallow under it, were sufficient to account for any pestilence. Dr. Haller states, that, in May, 1855, there occurred 7 cases of cholera among the railroad hands, 5 of whom died, but that no case occurred among the citizens. And Dr. Davis, in the *Journal*, for Nov., 1855, shows that, from careful meteorological observations it appears, that in Chicago, heat and damp, with a S. or S.W. wind, develop cholera in those pre-disposed, while the *same* conditions, aided by sudden and frequent alterations of temperature, develop inflammatory dysentery. That, in 1855, cholera cases were imported as freely and as surely as in 1854; that, in the last-named year, the meteoric conditions above-named existed, and cholera made fearful ravages; while, in 1855, with similar importations, but different meteoric conditions, it did not spread. We would here express our cordial approbation of his observations on what has always appeared to us nearly a waste of time and paper; we refer to "*mean* temperatures," &c. He truly says, "Observers have been too content with obtaining of mean or average results for given periods of time, without patiently observing the daily variations and coincidences. It is very easy to perceive, that the same month, in two successive years, may give very nearly the same *mean* both of temperature and atmospheric moisture; and yet these elements may be conbined variously in different parts of that time." We would recommend that the above paper be appended to this Report, as a most valuable accumulation of carefully-observed facts in relation to this subject. We also beg to append the whole letter of Dr. Nance, the topographical details, &c., of which are worthy of record, but are too copious to copy.

We have read with much pleasure in the *N.-W. Journal*, for January, 1856, Dr. Davis' very interesting article on the Preservation of Milk, and, though not applying very much at present to our wants in this State, it is of importance to us as emanating from one of ourselves, and also as showing that there really exists, at times, in the cities of the East, &c., a real *bona fide* milksickness, really caused by the ingestion of milk. Also, in the February number of the same journal are two very interesting cases, by Dr. Woodward, of Sharon, Ill. The first, a case of what we suppose might be termed traumatic pneumonia, is almost unique in its details. A piece of hickory nutshell passed down the trachea, and must evidently have entered the bronchia and wounded the lungs by its sharp, ragged edges. Pneumonia and symptoms of pleurisy supervened: every means of relief failed, when, on the 10th day, while apparently in the jaws of death, a violent fit of coughing came on, rupturing an abscess in the lungs, we presume, from which poured forth a stream of pus; and, after again sinking apparently beyond recovery, a second fit of coughing occurred, during which more pus and a piece of hickory nutshell, about ¼ inch long and ⅛ inch wide, was expelled, with more pus. She continued in a very precarious state till the 33d day, when an abscess began to point on the right of the sternum, towards the bottom, which was evacuated by a trocar—she slowly recovered. Was the abscess by the sternum an empyema or a collection of pus in the cellular tissue about the mediastinum? By the same author, in the same number of the journal, is a very instructive case, illustrating the value of Prof. Brainard's suggestions and experiments on the uses of iodine as a remedy for snake poison. Dr. Woodward is so impressed with its potency, as an antidote to animal poison, that he proposes to institute a series of experiments with it as a cure for hydrophobia.

In the March number of the *N.-W. Journal*, we find a very able address, delivered before the Æsculapian Society, by our old and valued friend, Dr. Washburn. We are not aware that its subjects come within the scope of our duties, other than as a paper creditable to our profession in this State, and deserving of serious consideration by us all. It assumes for our profes-

sion a high and noble standing, claiming high and noble conduct on the part of its members. It maintains the expediency of legislative enactment to protect the public against the fraud of quackery. And this is a subject on which many of our wisest members can hardly see the right course to take. Any action should be wisely and well weighed before entered upon. It appears to us that while the fact may not militate against the Doctor's views, that the grand fault of the age is *over-legislation.* To one point of Dr. W.'s address we would earnestly direct the attention of our brethren. It is his advice to *ourselves*, his exhortation to put away from among us the carping, jealous listlessness, which has made the ill-will of Doctors towards each other a proverb.

We are half tempted to step out of our department of practical medicine to make some comments upon Dr. Freer's admirable and compendious article upon injuries of joints, and of the elbow-joint in particular, in the April number of the *N.-W. Journal*, but we forbear. Our Report, though deficient of materials, is already extended, we fear, beyond the patience of the Society, and we will simply call attention to the very interesting paper of Dr. Goodbrake, of Clinton, recording the anomalous circumstance of a delivery of the placenta before the birth of the child; and yet that, nevertheless, the child lived. We presume this last fact was solely owing to the promptitude of the Doctor in introducing his finger into the mouth of the child before it was born, thus admitting air into the lungs. We always consider this precaution should never be omitted at the earliest possible moment after the rupture of the membranes. By Dr. Adams, also of Clinton, and in the same number of the *Journal*, we find a record of one of those strange freaks of nature, a monstrosity, an arrest of development, it appears, of certain bones and of other portions of the body.

Dr. Nance, speaking of pneumonia, remarks upon the non-occurrence of pleuritis. It occurs to us that another disease, with which, 8 or 10 years ago, we used to be much troubled, viz., scabies, has not presented itself to our notice for several years.

We have omitted to notice one well-written and instructive

article in the *N.-W. Journal*, for March last, by Dr. J. W. McKinney, of New Albany, Ill., on the treatment of Meningitis, with a table of the results of treatment in 29 cases, also showing that it is in the five coldest months of the year that a very large proportion of such cases occur. The Doctor advocates V.S. as the sheet anchor; where this cannot be used, he depends upon calomel, ice, blisters, quinine, &c. Now, it appears to us, that while the energetic use of the lancet must be needful, and calomel, &c., are often indicated; yet that the Doctor overlooked the powerful sedative agency of tartarized antimony, which we think should have played an important part in the treatment, at any rate in cases where the lancet could not be used. *We* should, we think, have even ventured on the combination of tartar emetic, digitalis, and morphia, especially *after* bleeding, perhaps thereby saving much blood; while we confess we have great doubts of the propriety of blisters on any part of the head during the acute stage of a cerebral meningitis. Again, we suspect, that, in the case of Mr. J. F., the frequency and smallness of the pulse *in connection with all* the *other* symptoms did not justify the postponing V.S. till after the operation of an emeto-cathartic. We suspect the pulse would have *risen* with the flow of blood, and thus valuable time have been spared. The Doctor must pardon our criticisms, his experience has evidently been much greater in such cases than ours; for we presume 10 acute idiopathic cases of cerebral meningitis have not occurred in our practice in five years—another singular illustration of how even the acute phlegmasiæ may be endemics.

With these remarks we will draw to a close our voluminous report, with an earnest exhortation to the profession of our noble State, to rouse themselves from their lethargy; to consider, that upon *each one's individual daily* exertions and observations must be built up the dignity and wisdom of our profession; and a hope that every one of us will, from this day forth, note at the bedside the symptoms and treatment of every case we attend: and though many such cases may present nothing very important, the importance can never be judged of beforehand; and though *one* may be valueless, *many* may point

to some truth or manifest some error—that we may thus have materials from which to supply facts for our committees to report on, and cases and essays illustrated by facts, for our medical journals to publish.

ARTICLE II.—*Annual Address of the President of the Illinois State Medical Society, read at the Annual Meeting in Vandalia, June 4th*, 1856. By N. S. DAVIS, M.D.

Gentlemen of the Society—By no means the least difficult part of my task, in preparing for the present occasion, has been the selection of a proper subject for our mutual consideration. Those miscellaneous topics relating to the education and ethics of our profession have constituted the theme of so many introductory and anniversary discourses, that they have lost all their novelty, if not their interest. On the other hand, I fear the full consideration of any particular disease would involve details alike tedious and inappropriate. A brief review of the present position of medical science, the tendencies of prevailing medical opinions, the special topics needing further investigation, and the best methods of conducting inquiries in relation thereto, would each and all constitute the subject of a discourse highly appropriate for an occasion like the present; but the proper consideration of such a theme requires far more time than has been at my command. I shall, therefore, relinquish these, and humbly invite your attention to the discussion of a single question, but one which, I trust, will not be devoid of either scientific interest or practical value. The question to which I refer, may be stated as follows, viz.: What influence are Alcoholic Liquids capable of exerting, either in preventing or curing tubercular disease of the lungs?

Whether we regard tubercular phthisis in its character as the opprobrium of the healing art, or as the universal scourge of Christendom, giving rise, annually, to more than one-tenth of the whole number of deaths that occur, it is, in either aspect, a subject worthy of the most rigid and persevering investigation. On the other hand, the relations which alcoholic liquors bear to the great social and moral interests of human society, invest every proposed application of them, even in the treatment of

disease, with a peculiar interest and importance. There is, perhaps, no disease in the whole catalogue which better illustrates the mutations of medical opinions and the influence of popular theories on medical practice than tubercular phthisis. At one time, it is regarded as the direct result of the sudden atmospheric changes which occur in all countries north of the tropics; and, to counteract its progress, the patients were carefully confined in heated rooms, and treated with tar, naptha, and various medicated vapors. Next came the doctrine, that tubercular disease was simply the result of repeated congestions, and a slow inflammation of the pulmonary tissue; and the exhaustion of the patients was rendered more rapid by repeated small bleedings, blisters, tartar emetic sores, setons, antimonials, low diet, and sometimes mercurials; and, when they could bear these no longer, a change of climate relieved the Doctor, if not the patient.

But, within the last twenty years, as you are well aware, all this has been reversed. There are very few, at the present time, who regard tubercular deposits in the lungs as the product either of inflammation or of the congestions consequent upon ordinary atmospheric vicissitudes. On the contrary, they are almost universally attributed to some defect in the processes of assimilation and nutrition, arising either from hereditary predisposition, or from causes which depress the vital forces and render the organic actions defective. And even the few who still claim the agency of congestion or inflammation in the generation of tubercular deposits, attribute these primary morbid conditions to debility or depression of the vital forces. Thus Dr. Henry Goadby, of Detroit, in a recent article on Tuberculosis, says: "It invariably happens, in patients having a tendency to this disease, that the *vital powers are depressed* and the circulation feeble—the heart, in fact, has not sufficient power to propel the blood throughout the capillary phexuses which eminently distinguish the tissues the subjects of this disease."

Again, Dr. Theophilus Thompson, physician to the Hospital for Consumption and Diseases of the Chest, in London, when speaking of the *modus operandi* of the causes that favor the development of tubercles, says: "The unfavorable influences

noticed in this lecture may be regarded as producing their effect, first, by *deteriorating the blood;* secondly, by occasioning congestion in the lungs." No sooner had this doctrine of debility, degeneration of the blood, and defective nutrition received the assent of the profession, than the old custom of resorting to warm air, depletive, and counter-irritation was abandoned, and various measures adopted, all having for their object the improvement of the strength and nutrition of the patients. At first cautious exercise in the open air by riding, a more nutritious diet, alterant tonics, such as iodine with bitter infusions, and anodynes to allay cough and irritability, were resorted to. But, seeing the almost uniform deficiency of fatty tissue in the consumptive, even in the incipient stages of the disease, and the extreme emaciation of the later periods, it was natural to infer that the radical defect in the nutritive processes was owing either to a deficient assimilation of fatty matter, or to an inordinate action of oxygen on the carbonaceous matter of the blood and tissues. Under the guidance of either of these ideas, with the medical mind thoroughly imbued with the chemico-physiological doctrines of Liebig in relation to the separate and specific offices filled by the two great classes of aliment, namely, the *nitrogenous* and non-nitrogenous or hydro-carbonaceous, it was to have been expected that the chief agents for counteracting the development and progress of tubercular disease, would be sought for in the latter class. Hence, we soon had added to the list of remedial agents, not only an ordinarily nourishing diet and free exercise in the open air, but also the use of cod-liver oil, cocoa-nut oil, fusil oil, and fat meats *ad libitum.* With all those patients whose digestive organs were capable of receiving and assimilating these oleaginous substances, they proved more or less beneficial, by lessening the rapidity of waste or emaciation and sustaining the strength; and, hence, the cod-liver oil quickly obtained a popularity and extent of use rarely equalled by any other remedy. Unfortunately, however, a large proportion of patients were soon nauseated by its use, and the profession were compelled to seek from the class of hydro-carbonaceous substances some substitute more palatable and yet calculated to fulfil the theoretical idea of neutralizing the action

of oxygen on the tissues. For this purpose the various liquors, having alcohol as their active constituent, being at once palatable and ranked by Liebig and others as the most efficient and active of the whole class of hydro-carbonaceous substances, were readily chosen. At first, they were given cautiously and chiefly as vehicles to cover the taste and lessen the nauseous qualities of the oils; but, during the last year or two, they have been rapidly assuming a predominance and popularity which should at once challenge the closest scrutiny of the profession. So true is this, that free, nay severe, exercise in the open air, plenty of beef-steak, and wine and brandy *ad libitum*, constitute the popular prescription for the consumption of the present day, and that too by medical men of high reputation.

That I may not be accused of exaggeration, I will quote part of an article from the editor of the *Buffalo Medical and Surgical Journal*, as follows:—

"The contrast between the two ideas of treatment is a marked one. The venesection, the emetic, the blister, the iodine inhalations, the careful protection from air and from exertion, the abstinence from animal food and from stimulating drinks, incident to our former ideas, have given place to active exercise, to fat meats, and hearty diet, to vinous and alcoholic stimulants, and to what would once have been deemed reckless exposure to vicissitudes of weather.

"'I've been bleeding from the lungs since I saw you!' said a medical friend as he entered our office, and in reply to our inquiry as to what he had done for it, he answered coolly, *drinking whisky punch!* He followed up this pleasant remedy in moderation, and, so far as we know, has had no return of his attack."

After alluding to one or two other cases in the same general terms, the writer adds:—

"We could multiply cases. Even in those far advanced in the disease, we have *never failed* to witness more or less improvement as the result of this regimen. If it is the most promising of cure to the curable patient, it is also the most conducive to comfort in the incurable. We do not intend to discuss the pathology of the disease, or the rationale of the

treatment in this hasty sketch; we wish only to declare our full conviction of the merits of the tonic treatment."

The article from which we have just quoted, was first published in the April number of the *Buffalo Journal*, and it has already been either copied, or alluded to approvingly, by a large portion of the medical journals of this country. It is true that some of them qualify their approval of the remedy, by a word of caution in regard to the moral effect of a general recommendation of alcoholic beverages in any disease. Thus, the May number of the *St. Louis Medical and Surgical Journal* contains the following:—

"*Alcoholic Treatment of Tuberculosis*—The able editor of the *Buffalo Medical Journal* bears testimony to the beneficial effect of alcoholic liquors in the treatment of phthisis. We fully agree with him that the most successful treatment will be found to be the alcoholic, combined with nourishing diet, including cod-liver oil and the like, and constant, and even violent exercise in the open air. But there is a serious moral objection to this treatment, which is worthy of consideration. *It does tend to make drunkards, and perpetuate the vice of intemperance.* The physician who cures his patient of consumption, only to precipitate him into a drunkard's grave, has surely done him anything but a favor. What we mean to say is this, that so dangerous a remedy as alcohol should be recommended with very great caution, even in cases in which it is clearly beneficial."

Having made the physiolological effects of alcohol, on the various functions of the human system, a special subject of study and experiment for several years past, and seeing clearly the tendency of medical opinion in favor of its use in the treatment of tuberculosis, I have, during the last twelve months, made a careful record of all the observations which have come within my reach, in relation to its influence both as a prophylactic and a curative agent for this disease. There are two distinct, but equally legitimate, methods of determining the value of any remedial agent. The first is purely philosophical, or inductive, and requires, on the part of the physician, an accurate knowledge of the nature and tendencies of the disease,

together with an equally reliable knowledge of the natural or physiological effects of the proposed remedy. With such knowledge to constitute his premises, he may very confidently deduce conclusions concerning the effects of the agent, when applied to the prevention or cure of the disease. The second method is wholly empirical or experimental, consisting in the direct observation of the effects which follow the administration of any medicinal agent, without reference to any previous knowledge of the physiological relations of the agent. When both these methods of investigation are employed in relation to the same subject, and the results obtained mutually corroborate each other, the evidence or knowledge afforded is scarcely less certain than though it had been obtained by a mathematical demonstration. In further pursuing the question under discussion, I shall employ both the methods just named: the first briefly, but the latter more in detail.

In entering upon the first, two questions are presented for solution as the basis of all the subsequent steps, viz.:—

First, what are those conditions of the human system which constitute pulmonary consumption or a predisposition thereto; or, in other words, What is the true pathology of tuberculosis?

Second, what are the actual changes in the fluids and solids, or the properties and functions of the human system, produced by alcoholic liquors?

By a critical examination of the facts and opinions contained in our medical literature, we may reduce the answer to our first inquiry to the following propositions, viz.: Tuberculosis essentially consists in the formation and deposit of a partially-organized matter, which affords, by chemical analysis, most of the proximate and ultimate constituents of the healthy structures, and, under the microscope, is seen to consist of cells, many of which are imperfect, nuclei, and an amorphous granular substance; all of which seems to possess a strong tendency to further degeneration and the ultimate formation of pus. The conditions favorable to the development of the tubercular matter, are, either such a defect, hereditary or acquired, in the primary organization of the individual, that the processes of assimilation and nutrition are incapable of elaborating all the primary cell

formations in that perfection necessary to fit them for constituting healthy structures; or a similar defect in the process of disintegration, by which the cells and fibrin, once constituting healthy tissue, are returned into the blood so imperfectly disorganized as to be incapable of excretion, and hence accumulate until they find a lodgement in some of the tissues. With either of these pre-dispositions, or rather defects, the place where and the time when the deposit will commence, and the rapidity of its increase, will depend much on accompanying circumstances. If the primary defect is in the assimilative process, and it be strongly manifested in early life, the more vascular structures, directly connected with that process, will become the local seat of disease, and we shall have the ordinary scrofulous enlargement of the lymphatic and mesenteric glands. On the other hand, if the defect be slight, or chiefly in the process of disintegration, and especially if it is not developed until the middle or later periods of life, the deposit will be by far the most frequent in the lungs; owing, no doubt, to their extreme vascularity—their liability to frequent congestions—and their being the seat of one of the most important excretory functions of the whole system. Such is a concise statement of the most enlightened views at present entertained in regard to the nature and development of tubercular disease, whether located in the lungs or elsewhere. So far as they are correct, it is evident that whatever tends to invigorate the system, improve the tone of the organized structures, and render the process of assimilation more perfect, on the one hand; and, on the other, whatever tends to aid the free oxygen in disintegrating and more perfectly excreting the matter of the tissues as they become effete or useless, tends directly to prevent or arrest the process of tuberculosis.

Hence, whatever may be the diversity of views in regard to other matters, all at the present day agree that pure air, free muscular exercise, a nutritious diet, and a cheerful frame of mind, are the best prophylactics, if not curative agents in phthisis; while confined and impure air, insufficient or indigestible food, sedentary habits, and depressing mental emotions, as certainly favor the development of the disease and hasten its fatal termination.

Our next step is to inquire concerning the effects of alcohol upon the blood, and, through it, upon the assimilative and depurative processes of the system, that we may see clearly its therapeutic relations, not only to phthisis, but to all other diseases.

There may be those who will regard a serious inquiry into the *modus operandi* of an agent, so long and so generally used as alcohol, entirely superfluous, it having long since been fixed, both in the popular and professional mind, as one of the most efficient stimulants and supporters of the temperature of the system which we possess. Whatever truth there may be in the old maxim, *Vox populi, vox Dei*, when applied to politics, it requires but little research to show the entire fallacy of the *vox populi* when applied to questions of science or medical philosophy. If we drop those popular notions and theories which we have unconsciously imbibed with our education and intercourse with society, and subject alcohol to the same experimental tests as are required to determine the effects of other agents, we shall be much more likely to arrive at reliable results. Such experimental tests have been applied at various times, and by some of the most eminent investigators of the present day, and the results have been so uniform as to leave no doubt in regard to their correctness.

When alcohol is administered in moderate quantities, one of its first and most prominent effects, (that indeed which chiefly attracts the attention of the community,) is a peculiar exhilaration of the brain and nervous system, coupled with a weakness or unsteadiness in the actions of the voluntary muscles.

While in this state, however, other effects, of far more physiological importance, are taking place in the blood and the elementary functions of the system. The usual proportion of carbonic acid gas fails to be thrown off in the expired air, as shown by the experiments of Drs. Prout, Bouchardet, myself, and others.* Carbon, consequently, accumulates in the blood, diminishing the change from veinous to arterial hue in the lungs, and directly diminishing all the organic and secretory

* See Thompson's Annals of Philosophy, Vol. II.; also, Carpenter's Human Physiology, p. 306.

actions of the system. As further and more demonstrative proof of the latter part of this assertion, it has been shown by recent experiments, that, when alcoholic drinks are taken even in moderate quantities, the aggregate amount of all the excretions from the body are less, in a given time, than when no alcohol is present in the system. Another proof of the same diminution of organic change, both nutritive and secretory, was developed by my own experiments, began in 1850, and repeated at various times since,† by which it was shown, that the diminished excretion of carbonic acid from the lungs, under the influence of alcoholic liquors, was accompanied and followed by a positive diminution of the temperature of the body. Again, when death has been produced, either in animals or men, by an over-dose of alcohol, the blood is not only found of a dark, venous color in the arteries as well as veins, but the coagulability of its fibrin is also impaired. I shall not trespass on your patience to inquire here, whether these effects of alcohol on the blood, and the functions of respiration, secretion, and animal heat, are owing to the direct affinity of the carbon and hydrogen of the alcohol for the free oxygen of the blood, by which the latter is prevented from exerting its proper influence in the processes of nutrition, disintegration, and excretion; or whether they are owing to the direct antiseptic qualities of the alcohol, by which it tends to arrest all change in organic matter, whether living or dead; a brief statement of the effects alone being all that the limits and objects of this address will permit.

In answering the inquiry, what are the effects of alcohol on the human system, all my experiments and observations lead to the following conclusions, viz.:—

1st. The presence of alcohol in the blood produces a temporary exhilaration or excitement of the nerve structures.

2d. It diminishes the excretion of carbonic acid from the lungs; diminishes the change of color from venous to arterial blood; and diminishes generally the organic changes in the system.

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* See *North-Western Med. and Surg. Journal*, 1851; also Address on Alcoholic Liquors, &c., Feb., 1855.

3d. It depresses the temperature of the body, and lessens the tone of the muscular structures.

If these conclusions are correct, (and it would afford me great pleasure to give the facts and experiments in detail from which they are deduced, were it possible within the limits proper for an address,) every member can see clearly the relations which they bear to the acknowledged conditions accompanying the development and progress of phthisis.

It is easy to perceive that the presence of alcoholic liquids in the system can neither promote healthy nutrition, nor facilitate the processes of disintegration and excretion, and, therefore, that there is no rational or inductive indication for their use, either for the prevention or cure of consumption. The idea advanced by Dr. Goadby, in the article already referred to, namely, that the immediate cause of pulmonary tubercles is the inability of the heart to circulate the blood freely through the intricate plexuses of the pulmonary capilliaries, affords still less indication for the use of brandy or any other alcoholic liquid. For there is no fact in physiology better established than, that whatever lessens the change from venous to arterial blood in the lungs, or tends to accumulate effete carbon in the blood, directly lessens the facility with which that fluid flows through the capillaries of those organs. And yet it has been an hundred times demonstrated by direct experiment, that alcohol, whether in the form of distilled or fermented liquors, produces speedily, and in a marked degree, precisely this effect on the blood. So marked indeed is this effect that, in some of my experiments, the air exhaled from the lungs one hour after three or four ounces of brandy had been taken into the stomach, contained more than twenty-five per cent. less than the normal proportion of carbonic acid gas. And whoever will observe the purple lips, the bloated and leaden face, the slow and almost stertorous breathing of full intoxication, will see abundant proof of the impeded circulation through the pulmonary capillaries. Still, Dr. Goadby, and many others recommend the use of brandy and wine "to increase the *energy* and *power*" of the heart, and *invigorate* the system. We fear that they, like the multitude of non-professional men, have mistaken the exhilar-

ating effects of these fluids on the brain and mind for a true increase of organic vigor and energy. Certain it is, that they have not furnished us with a single experimental or demonstrative fact in proof of their position. Some of my audience may be ready to ask, if I would deny the almost universal sentiment of mankind, by claiming the broad ground that alcoholic liquors are neither tonic, invigorating, or supporting to the human system? I answer, unhesitatingly, Yes! and base my answer not merely on the deductions of the most careful and varied experimental researches, but ask, in return, What there is in the tottering and unsteady step, the impaired digestion, the frequent functional derangements of the kidneys, exhibited in a greater or less degree by all habitual drinkers, which is indicative of increased physical strength, vigor, or power of endurance? But I must hasten to the last department of my task, in which I shall confine myself exclusively to the results of clinical experience.

About one year since, my attention was directed to this branch of the subject, and I searched diligently the pages of our medical literature for some record of observed facts in relation to the use of alcoholic liquids in the treatment of tubercular disease; but I sought in vain. There were many expressions of *opinion* in the same general phraseology as that already quoted from the *Buffalo Journal.* It was undoubtedly true, that the editor's friend had "been bleeding at the lungs"—that he had drank *whisky punch*—and that he had no return of the attack, so far as he (the editor) knew. But, of what possible value is such a statement? It neither informs us when the bleeding occurred, how much punch he drank, *how long* he had remained exempt from the bleeding, or what else he had done besides drinking whisky punch during the same time. It is only a few weeks since a young man came to me with extensive tubercular deposits in his lungs. He had never had any hemorrhage from the lungs, but his physician advised him to go South, live on hearty food, and drink pretty freely of brandy every day. He did so, and in less than six weeks he was taken with copious bleeding from the lungs. Now, if I should gravely set forth this case, as proof that brandy produced hemorrhage

from the lungs, it would be precisely of the same value as the statement about the *whisky punch*. An eminent teacher of surgery is in the habit of relating the case of a young man whom he supposed to be far advanced in consumption, but who went into the country, exercised freely, almost recklessly, in riding, hunting, fishing, &c.; lived on beef-steak and brandy, and returned home in apparent good health. But a writer in one of our south-western journals, relates another case equally advanced in disease, who also went into the country, endured the same reckless exposure, lived on nutritious food, and recovered equally good health, but without having used a drop of brandy or any other alcoholic liquid. I mention these merely as examples of what constitutes far too great a share of the practical part of our medical literature. *Post hoc, ergo propter hoc*, furnishes the only basis for far too large a proportion of our practical conclusions.

During the past twelve months, I have kept a careful record of all the well-marked cases of tubercular consumption which have come under my own observation. I have taken special care to ascertain both the present and preceding habits in regard to the use of alcoholic drinks in each individual case. The whole number of cases, so observed and recorded, is 37; of whom 10 were natives of the United States, 24 of Ireland, 1 of England, 1 of France, and 1 of Germany. Of the whole number, 26 were males and 11 females. Of the whole number only 6 were tee-totalers, or such as wholly abstain from the use of intoxicating liquors. Of the remaining 31, six drank alcoholic liquors only occasionally or at irregular intervals; while the remaining 25 drank either distilled or fermented liquors almost every day, until the pulmonary disease had made such progress that they were compelled to desist, either from want of means to buy it with, or from its positively aggravating the disease under which they were laboring; and six of the number had been, one or more years, what the world calls *habitual drunkards*. If we had taken the utmost care to select cases for the purpose of demonstrating experimentally, whether alcohol possessed any power to control the progress of tubercular development, by its continued use through a series of years, we could

not have made the experiments more satisfactory than some of the cases embraced in this record. We select the two following in relation to the use of beer:—

Case 1—Mrs. D——, an Irishwoman, aged 21 years; has been in America two years; has been married eighteen months, and has one child, six months old. For two years before she came to America, she had been employed as a servant-girl in an English family; had been supplied with nutritious food, and a liberal allowance of beer, which she drank regularly and freely every day during the whole time.

After her arrival in this country, she continued to drink beer and occasionally other liquors, but neither so much nor so regularly as before. She began to have some cough before she sailed for this country, which has steadily increased, with all the accompanying symptoms of phthisis, until the present time. At present she is extremely emaciated, pulse rapid and feeble, exhausting night-sweats, copious purulent expectoration, with all the physical signs of extensive tubercular cavities in the upper lobe of both lungs. She says none of her immediate family are, or have been, consumptive, but she thinks one uncle died with that disease. About three weeks after the foregoing record was made the patient died.

Case 2—Mr. B——, a native of Ireland, aged 22 years; is clerk in a liquor store, or, in other words, a "bar-tender;" has been kept much within doors for more than two years; no proof of very direct hereditary pre-disposition, though some of his relatives have died from phthisis. He says he has drank regularly every day from three to six glasses of beer, during the whole of the last two years, and occasionally a glass of other liquor. He began to cough about six months since, and has continued to do so, accompanied by steadily-increasing emaciation, and all the ordinary symptoms of consumption.

He has now purulent expectoration mixed with tubercular matter, pulse from 90 to 110 per minute, frequent night sweats, and impaired digestion. The chest is flattened, especially beneath the left clavicle; dull on percussion over the same region, the respiratory murmur prolonged and cavernous, accompanied by a crackling and sub-crepitant ronchus, while

the voice furnishes distinct broncophony. There can be no doubt but the upper lobes of the lungs are filled with a copious tubercular deposit, at present in the second stage of advancement, or that of rapid softening.

In these two cases it will be observed that the use of beer was commenced, in one, eighteen months, and, the other, two years before any active symptoms of tuberculosis were known to exist. And, though the drink was taken regularly, and for the most part at meal-time, it seemed to exert not even a retarding influence over the development of the disease.

In regard to the use of distilled spirits, some of the cases present still more striking experiments, but we will quote from our memorandum-book only the two following:—

Case 3—Mr. M——, a native of Ireland, but a resident in this country for fifteen years, aged 35 years; of medium size, dark hair, and apparently a well-developed frame.

Says he does not know of any cases of consumption in his own family, or among his more direct ancestors. He has been a country hotel-keeper during the last twelve or fifteen years, during all of which time, he says, he has drunk more or less alcoholic drinks, generally distilled spirits, almost every day, but not to the extent of producing intoxication. His wife died during the summer of 1854, and, for the succeeding eight or nine months, he drank liquor more freely, and continued to do so until the following spring, when he first began to be troubled with cough and symptoms of pulmonary disease. After the symptoms of disease had made considerable progress, he says, he was compelled to forego the further use of stimulating drinks, on account of their "making him worse."

Now, (Dec. 1855,) he is much emaciated, has copious and exhausting night-sweats, lips pale and thin, cheeks sunken, pulse 80 per minute in the morning and very feeble, in the evening, 120 per minute; appetite much impaired, bowels regular, cough frequent and cavernous, expectoration copious and purulent, with a distressing sense of suffocation at times. There is much depression of the infra-clavicular regions, but more of the right than the left. Over the same regions there is dulness on percussion, the respiration cavernous with gurgling rhoncus,

and the voice affording plain pectoriloquy—in other words, there were large tubercular cavities in the upper lobes of both lungs. This patient died in about ten days after the foregoing record was made.

Case 4—Michael ——, aged 38 years; native of Ireland, but lived in this country several years; by occupation a laborer; accustomed to constant out-door work, and the use of hearty food; does not know that there is any hereditary tendency in his family to tubercular disease. Says he has drank all kinds of alcoholic liquors freely, but especially whisky, almost daily for the last fifteen years, and continued to do so, until his present disease had made such progress that he was compelled to desist. He commenced coughing about eight months since, but continued to work pretty steadily until the last two months. At present he presents every symptom and sign, rational and physical, of extensive tubercular disease of the lungs in the last stage of its advancement, as plainly as those detailed in Case 3. He died in the Mercy Hospital, about one week after he came under my observation.

Several other cases might be selected from the above list, strikingly illustrating the inefficiency of all the varieties of alcoholic drinks, either for preventing or curing consumption; but I have given enough to show, that, whether they are viewed in the aggregate or in detail, they afford no evidence in favor of the therapeutic value of alcoholic drinks in the treatment of tuberculosis. If you ask how I account for the prevalent popular and professional opinions in their favor, I answer, in three ways.

First, these opinions are based, with many, exclusively on the delusive idea, still very prevalent, that these liquors are actually tonic or invigorating to the human system under ordinary circumstances. They say, consumption is a disease of debility —alcoholic liquors are tonics—therefore, alcoholic liquors are beneficial in that disease. Like a recent writer in the *Westminster Review*, they reason *logically*. To prove that alcohol was food, he said "food is *force*"—"alcohol is force"—"therefore, alcohol is food."

Both employ syllogisms, but both forget to prove their premi-

ses; and both forget that we might, with just as good logic, say that food is force—steam is force—therefore, steam is food.

Second, the influence of alcohol in exhilarating the brain, in many cases, lessens for a time the extreme sensitiveness which accompanies some cases of consumption, renders the patient more tranquil, and thereby produces an apparent temporary advantage. Another influence of alcohol which I have described, namely, its tendency to diminish the organic actions and excretory functions of the system, enables it in some cases of phthisis, characterized by rapid emaciation, to check that process, and, in some instances, to give an apparent increase of nutrition by retaining more of the fatty matter in the system. But, in every case that has come under my observation, this apparent benefit has been only temporary, the apparent increase of nutrition unhealthy, and the patients in the end sink more rapidly than ordinary cases. In one instance of this kind, a *post-mortem* revealed extensive uncicatrized cavities in the lungs, extensive fatty deposits in the liver, and slight fatty degeneration of the muscular structure of the heart. Some have claimed that alcohol, by diminishing the processes of disintegration and waste, performed an office equivalent to the taking of more food. If this were true, opium would be much more efficient food than alcohol; and we should only require some agent capable of arresting disintegration altogether, to enable us to live perpetually without the inconvenience of paying board-bills.

Third, the greatest cause of error, in estimating the effects of alcohol on the consumptive, is the universal custom of recommending, along with the alcoholic drinks, a thorough change of habits, active exercise, nutritious food, and often a change of climate; and, then, making no distinction between the effects of the alcohol and the accompanying circumstances. All know, that, in many cases of chronic disease, if we give the patient bread-pills, and exact the proper exercise, diet, &c., they get well. They, of course, are willing to swear that the pills cured them: and, I much fear, that, in reference to alcoholic drinks, many physicians not only deceive themselves but their patients also. Two years since, I knew a gentleman of our

city who found himself, in the autumn, reduced to a very feeble condition in advanced phthisis. He had been closely shut up by Homœopaths for two months; had hectic, night-sweats, purulent expectoration, and well-formed cavities in one lung. Being called upon for advice, I told him he had an incurable disease, but, if he wished to prolong life, he must ride out every day, take plain, easily-digestible, and nutritious food, and, for medicine, cod-liver oil and the cold infusion of wild cherry bark. He followed my advice. At first he had to be carried to his carriage; but he sooned gained sufficient strength to get in and out alone. He continued to ride through all the cold of winter, did a good business in buying pork for packing, but sunk and died during the first warm weather of spring. A *post-mortem* revealed simply extensive tubercular deposits and cavities in both lungs.

Now, if I had prescribed for that patient a glass of brandy or wine every day, and it had not positively prevented the favorable results, the latter would, most certainly, have been ascribed in a great measure to it. But he took not a single glass.

The great leading object of this address, is, to arrest the attention of the profession, and to entreat its members to adopt more rigid and careful modes of investigation; at least to avoid giving currency to those loose, general statements which can only deceive the sick, and sometimes give encouragement to habits which may plunge thousands of the well into irretrievable ruin. If I accomplish this, I shall feel amply repaid for all the labor bestowed.

ARTICLE III. — *Amputation at the Pubes for Cancer of the Penis.* By N. Sherman, M.D.

November 29th, 1855—By request, in company with J. W. Bennett, I visited K. R——, of Marshall County, Ind., who (the messenger said) had a cancer. On examination, the man presented a luco-phlegmatic temperament, with a decided scrofulous diathesis; very pale, much emaciated, strength rapidly giving way by frequent hemorrhages. In Sept., '54, he felt a slight itching, and discovered a scale or small wart. It con-

tinued to grow until June, '55. At this time it was about the size of the thumb nail. He became alarmed, and called in an old quack, who said it was a small thing—promised a cure in three weeks. But, alas! quackery was outdone; his applications only aggravated the disease, and, at the time first mentioned, the entire body of the penis was embraced by a pediculated fungous cancer, having its origin on the left of the median line, about one inch posterior to the prepuce. Received the case under advisement until Dec. 3d, '55, when, by the aid of Drs. Brown and Bennett, the patient was placed in front of the door, cross-wise of the bed, and brought under the influence of chloroform. I extended the organ as much as possible, and with a bold incision divided the integuments, *sigamentum suspensorium*, and *arteria dorsalis penis*—ligatured this; then divided carefully the *corporia cavernosa* to the arteries—secured them; and, with another incision, divided the *spongiosum* and one-half of the urethra. Holding the urethra by the *lenaculum* in *situ*, completed the operation. Placed a ligature through the lower edge of the urethra and cutis. Passed a gum catheter into the bladder. Dressed with adhesive strap, changing every other day.

January 4th, 1856—Completely cured, and down to the present time (seven months after the operation) he remains perfectly healthy.

Weight of cancer,	9	oz.
Mea't circumference,	9½	inches.
" length,	10⅜	"
" trans.,	10⅞	"

ARTICLE IV.—*A Case of Difficult Turning, complicated with Rigid Os Uteri.* By E. R. WILLARD, M.D., Wilmington, Ill.

The following case, occurring in my practice, was interesting to me as affording additional evidence in the local application of chloroform to produce speedy relaxation of the os uteri and vagina. If you deem the case of sufficient general importance for publication, it is at your service.

I was called (Sept. 20th, 1855,) to visit Mrs. L., (ten miles

distant,) in her fourth confinement. She is a lady about 35 years of age, of nervous temperamen; constitution somewhat impaired, having suffered more or less during the last few years with miasmatic disease, and but just recovered from a severe attack of dysentery, which began near the last of July, and was treated principally with opiates.

The patient at present presents an ex-sanguineous appearance. Ascertained from the attending midwife the following particulars: that her labor commenced during the afternoon of the 18th, and that about 12 o'clock the following night the fluid amni was discharged, after which the pains ceased in a measure until morning, when they increased again in violence and continued until the time I saw her (Sept. 20th) — the patient describing them as severe cramps and stitches, rather than regular labor pains.

On making an examination per vaginum, found the labia considerably swollen; the vaginal canal dry, and the os uteri not sufficiently dilated to admit the index finger without considerable exertion. I diagnosed a presentation of the right side, the shoulder occupying the left illiac fossa, with the face posterior, and the uterus firmly contracted upon the child.

After stating to the friends the nature of the case and the danger, I proceeded at once to take such measures as I thought best, in the patient's debilitated condition, to overcome the dry, rigid, and inflamed state of the parts, and relieve as much as possible the contracted uterus before attempting the operation of turning, which consisted in the use of a warm bath and fomentations. Version was then attempted steadily and perseveringly, but without producing any beneficial effect. Dr. McKay was then called, and, after satisfying himself in regard to the nature of the case, fully acquiesced in the previous diagnosis. He thought it very doubtful whether turning could be accomplished, over fifty hours having then elapsed since the rupture of the membranes, but was induced to make an attempt which proved as futile as the one made by myself.

As no perceptible progress could be made in the present condition of the patient, we concluded to try the chloroform liniment, locally, from having noticed favorable accounts of its

application, in cases of rigid os uteri, in some of the recent journals.

The preparation used by us consisted of one part chloroform and two parts sweet oil. Upon making an examination a short time after its application, we thought the change produced in the parts sufficient to warrant a third attempt to deliver — the vaginal canal becoming bathed in mucus and the os uteri considerably dilated, while the tumefaction and tenderness was greatly relieved, insomuch that the hand was passed into the uterus without the least difficulty, and the turning accomplished with less than half the suffering manifested in either of the previous attempts, and the labor fully completed in a comparatively short space of time.

Child a male, weighing eight and a half pounds, healthy and vigorous. The after-birth followed directly, with but slight hemorrhage, and the patient convalesced rapidly, no bad symptoms srpervening.

SELECTIONS.

On Carbonic Acid Gas, as a Local Anæsthetic in Uterine Diseases, &c.

At a regular meeting of the Academy of Medicine, of New York, March 5th, 1856, Dr. Willard Parker, President, a communication was read from Prof. Simpson, of Edinburgh, addressed to the Academy.

It appears that Prof. Simpson was led to the use of carbonic acid gas as a local anæsthetic in painful conditions of the vagina, uterus, and neighboring parts, from reading the case of a lady, treated by Dr. Rossi, of Italy, and reported in the second edition of *Pereira's Materia Medica*, Vol. I, p. 155. In this case there was no organic disease, and merely an increased irritability, which was completely relieved by the injection of carbonic acid gas.

Prof. Simpson has frequently resorted to this treatment within the last two or three years; and, though not always with success, yet frequently with great relief, and occasionally with immense benefit. Several cases were given in illustration. One lady who had been bed-ridden for years from pain and

bearing down when standing erect, was almost entirely cured by injections of this gas.

His method of applying it, is, to use a bottle having a flexible tube attached to the cork. The materials used for generating the gas, are tartaric acid, ʒvi.; bi-carbonate of soda in solution, ʒviii.; and water, ℥vi. The injection may be used several times a day. Other materials may be used.

Prof. Simpson adds, that the employment of carbonic acid gas as a local anæsthetic to the uterine mucous surface and other parts of the body, is not a recent discovery. Dr. Dewees, of Philadelphia, speaks favorably of it in his work (*Dis. of Fem.*, p. 269). Prof. Mojon, of Geneva, has used it frequently and with decided advantage.

Referring to ancient writers, the author is disposed to consider the practice of burning certain aromatic and medicinal herbs, and applying the fumes to the interior of the vagina by means of proper tubes, to be but another phase of this practice —as cabonic acid is the result of such combustion.

He also ascribes the beneficial effects of mineral waters, in many cases at least, to the topical application, by means of baths and injections, of these waters, which generally hold in solution large quantities of carbonic acid. Female patients have assured him of the relief they experienced from uterine pains while using injections of the waters of springs, as practiced at different German baths. The same is true in certain cutaneous diseases. The common effervescing draught, in gastric irritability and nausea, acts on the same principle. The injection of carbonic acid gas in dysentery, as practiced with success by Hey, of Leeds, in 1772, Perkins, etc., is directly in point. The benefit of the common yeast poultice, which gives rise to carbonic acid gas, may be similarly explained. Many other examples were alluded to in the paper, showing how frequently this agent is used in practice without recognition of its anodyne properties.

Dr. Detmold remarked, that members would recollect, that, about the year 1847, he called the attention of the Academy to certain propositions which he then made, proving quite conclusively that carbonic acid gas is the efficient agent in causing anæsthesia. The carbonic acid may be given as such, or one of its chemical ingredients may be so administered, that, finding in the blood the other constituents of this compound, carbonic acid gas is generated, and anæsthesia to a certain extent is the result. Thus, we may administer oxygen in large quantities, in the form of nitrous oxyde, (protoxide of nitrogen or laughing gas,) which has all the chemical reactions of oxy-

gen, but is much more soluble in water and the serum of the blood than pure oxygen, and, therefore, is much more readily taken up. This compound meeting with the carbon of the blood, carbonic acid gas is formed in large quantities, with the production of anæsthesia to a certain extent. Or we may, on the contrary, administer the carbon, as the oxide of carbon or any of the hydro-carbons, alcohol, the ethers, etc.; in this case the blood again furnishes the other constituent of carbonic acid, (oxygen,) and anæsthesia is again the result.

The stage of excitement corresponds to the period of combination of these elements and the formation of carbonic acid gas. If the gas is administered as such, there will be no stage of excitement, but if the constituents combine slowly, and the gas is generated in limited quantities, there will be a corresponding stage of excitement. Thus, in the stupor of drunkenness, carbonic acid is exhaled in normal quantities, but as the stupor passes off large quantities of that gas are exaled. The venous state of the arterial blood during anæsthesia, is another proof that carbonic acid is being generated in large quantities. If it is true that in post mortem examinations of those dying while under the influence of chlorform, bubbles of air are found in the heart and blood vessels, it is highly probable that this air is carbonic acid gas, unless, perchance, it has entered the circulation by some mechanical lesion.

The only means, in his opinion, of any avail in restoring a patient from profound or fatal anæsthesia, is artificial respiration, or such other means as, by exciting reflex action, will restore respiration, and thus hasten the elimination of the carbonic acid gas. It has been recommended, in threatened and apparent death from anæsthesia, to resort to the inhalation of oxygen or nitrous oxide. Reasoning from the premises which he had given, such remedies would be in the highest degree dangerous. To satisfy himself in regard to this fact, he had made numerous experiments upon animals, and invariably found a fatal issue hastened by administering oxygen.—*N. Y. Jour. of Medicine.*

At a subsequent meeting, Dr. Detmold favored the Academy with a written exposition of his views of the rationale of the action of chloroform, sulph. ether, and nitrous oxide, the three agents employed for the purpose of producing anæsthesia. He attributes the action of all of them to the production of carbonic acid gas *in the system.* The first two supply the carbon, which absorbing oxygen from the blood, and the last supplying oxygen, which absorbing carbon, in either case carbonic acid is the result, which by its action on the living organism produces

anæsthesia. This theory, though not absolutely susceptible of demonstration, is yet apparently based on a logical foundation, and finds a seeming confirmation in a number of well-known facts; indeed, it was elicited by the allusions made to the anæsthetic properties of carbonic acid, by Prof. Simpson in his recent paper, of which I gave an account in my previous letter. —*Med. and Surg. Reporter.*

The Treatment of Ague by Iodide of Potassium. By E. F. SANKEY.

Ever since I have resided in this village, (now for five years,) I have been dissatisfied with the usual treatment of ague by quinine, as in some cases the disease yielded to that remedy, and in others did not. But I could think of no other treatment likely to be successful, though I tried many, including arsenic, till, some three years ago, I read in a number of the *Medico-Chirurgical Review* (I forget which) that the German pathologists considered that the congested spleen (ague cake) was the cause and not the effect of the disease; and I remembered that Dr. Williams had written on the efficacy of bromide of potassinm in such a lesion; but not having that drug in my surgery, I determined to try the iodide of potassium instead in the next case of ague that came before me, intending, if that failed, to procure the bromide. But I am happy to say that the object of my writing is to state to my professional brethren that I have used the iodide of potassium now in considerably more than a hundred cases, and have never yet failed in curing the disease very quickly. In some cases, where the disease has been of long standing, and the patient very much reduced, I have added a grain or two of quinine to each dose of the iodide of potassium; but my general prescription has been for an adult: ℞.—Potas. iodid., ʒiss.; aquæ menth. pip., ℥xj. M. Coch. Mag., ij. 4ta quaque hora sumend. So that there could be no doubt what was the remedy that cured the disease. In proof of the value of this drug, I will only mention one case out of all that I have thus treated.

Mrs. Smith sent for me early last month, having suffered from tertian ague, off and on, since September. Not being in very good circumstances, she went to the clergyman's wife of the parish in which she resided, who very kindly gave her some quinine, telling her it was no use sending for the medical man, as he *must* give her the same remedy. However, not getting well, she sent for me. After hearing what I have related, and finding she had a tolerable pulse, her bowels open and motions

healthy, with a clean tongue. I sent her nothing but the above mixture; and she never had a return of the ague after the second she took of it.

I shall be glad if, by inserting this letter, other medical men will try this remedy, and report to you their experience.—*Assoc. Med. Jour.*

The Influence of Occupation on Mortality.

The attempts hitherto made to determine the influence of professions on health are greatly reduced in value, in consequence of the inadequate data on which they are based. If Ramazzini and Thackrah could have known the facts of the last census, the observations resulting from their scientific and benevolent labors would have had the authority of natural law. That census sheds the light of statistical truth on the relation of professions and occupations to mortality, and brings out truths which no less extensive investigation would enable the most sagacious observer to anticipate.

It will be an incalculable advantage to obtain, by means of the next census, a scientific deduction as to the effect of each kind of occupation on mortality. As the initial step has been taken, we may expect it will be followed by others, in a path which, if beset with difficulties, cannot be traversed without leading to the most important and beneficial discoveries.

The last Census Report gave the number of persons in each occupation in 1851, and the Fourteenth Annual Report of the Registrar-General shows the numbers in those occupations dying at corresponding ages. In this early attempt to arrive at the ratio of occupation to the rate of mortality, it has been found that a difficulty arises from the want of definition of the various occupations, sufficiently clear and determined—a difficulty which can be overcome by giving more detail to future census operations. It is, for example, found impossible to distinguish the rate of mortality among the different classes engaged in the manufacture of silk, of cotton, of linen, and of woolen, as great numbers of them are grouped together under the designation of "Weavers." "Miners," whether in lead, iron, copper, or coal mines, fall under one general designation; and "Laborers," in the field or railways, in quarries and on the roads, are not distinguished from each other in the registers.

Still, there are certain occupations sufficiently defined to obviate all danger of their being confounded, and whose rate of mortality can now be recorded with certainty. We give these

classes as the decennial period, ranging from 45 to 55,* as arranged in a Table (XVII) which shows the advancing rate of mortality in twelve occupations.

1. *Farmers.*—Of the twelve classes under consideration, farmers are the longest livers, their rate of mortality being not quite 12 in 1000 (11.99). The number of English farmers of all ages, 1851, including 2,429 graziers, was 225,747, of whom there were 53,608 between the age of 45 and 55. In that year, the total number of deaths among farmers of all ages, was 6,426, very much below the numbers which would have been registered had these individuals been engaged in other pursuits. These facts prove that the pure air, the daily exercise, the substantial fare, and the other aids to health enjoyed by this substantial class, considerably modify the influence of unfavorable weather, bad seasons, open ports, peculiar burdens on land, and all the other ruinous things which farmers' friends have been accustomed to depict in such gloomy colors.

2. *Shoemakers* hold the next place to farmers, their rate of mortality between 45 and 55 being 15.3 in 1000. They are followed by—

3. *Weavers*,.....15.37 in 1000.
4. *Grocers*,.....15.79 "
5. *Blacksmiths*,.....16.51 "
6. *Carpenters*,.....16.67 "
7. *Tailors*,.....16.74 "
8. *Laborers*,.....17.30 "

As will be seen, on inspection, there is among these seven occupations a gradual increase in the rate of mortality, which, considering their great diversity, is quite remarkable. The near approach of these occupations to each other in the scale of mortality, arises from the circumstance that they have peculiar dangers which tend to counterbalance each other. Thus it is to be noticed that the "tailor is not exposed to the explosions which are fatal to the miner, and the laborer has exercise which is denied to the tailor."

Ascending this scale of danger, we pass to—

9. *Miners*,.....20.15 in 1000.
10. *Bakers*,.....21.21 "
11. *Butchers*,.....23.10 "
12. *Innkeepers*,.....28.34 "

A great disparity is observable in passing from laborers into

* The decade from 45 to 55 is the only age to which the Census Returns have been applied in the Fourteenth Annual Report of the Registrar-General. We shall have still more important results when these returns are applied to earlier ages.

the class of miners, telling a tale of dangers, many of which result from criminal neglect. Between laborers and the last four classes in this table there is a remarkable hiatus. In the classes previously noticed, the difference in no case is no more than one in a thousand, and in some instances less. Here the difference begins with three, and mounts up to nine, in a thousand.

The returns show that the highest rates of mortality are found among the butchers (23.10 in 1000), and the class of innkeepers and licensed victuallers (28.34 in 1000).

The extraordinary mortality of butchers is a fact for which we are indebted wholly to the last census. The "red-injected face" of the butcher has produced a wrong idea as to the healthy nature of his occupation. This idea is now corrected by scientific induction, and proper sanitary means will overcome the evil thus brought to light. To quote the significant remarks in the report conveying this fact, here is an important problem for solution: — "On what does the great mortality of the butcher depend? On his diet, into which too much animal food and too little fruit and vegetables enter? on his drinking excess? on his exposure to heat and cold? or, which is probably the most powerful cause, on the elements of decaying matter by which he is surrounded in his slaughter-house and its vicinity?"

If the rate of mortality among innkeepers, licensed victuallers, and beer-shop keepers should be siezed with avidity by the advocates of teetotalism, they must not be forbidden its use; at the same time they must be reminded, that "many highly-respectable men of this class lead regular lives, and are of steady habits; but others, exposed by their business to unusual temptations, live intemperately and enjoy less quiet at night than the rest of the community. They are exposed also to zymotic diseases by intercourse with large numbers of people."

Startling and painful as are these disclosures, they cannot be too widely published. They have a practical value among those who deal with the averages of life for commercial or benevolent purposes; while, to those more specially concerned, they show the necessity, for their own safety, of employing the measures by which unnecessary disease and premature death may be obviated—*Med. Times and Gazette.*

BOOK NOTICES.

The Medical Profession of Ancient Times: an Anniversary Discourse, delivered before the New York Academy of Medicine, Nov. 7, 1855. By JOHN WATSON, M.D., Surgeon to the New York Hospital. Published by order of the Academy, by Baker & Godwin, New York, 1856.

The work indicated by the foregoing title, although presented to the Academy of Medicine as an Anniversary Discourse, is, nevertheless, a handsomely executed octavo volume of 222 pages.

It is the result of much patient and careful research on the part of the author, and constitutes one of the most valuable histories of Ancient Medicine which has yet been published. In his introductory remarks the author says truly that:—

"To the initiated, Medicine is something more than a profession—it is a world within itself. It has its history, its philosophy, its politics, its literature, of which the world at large knows nothing. It has its subsidiary arts and occupations. It has its organizations and institutions, its ranks and grades of honor. It has its polemics and dissensions, not always amenable to logic or to the learning of the schools. In ethics, traditions, and superstitions, it is older than the church. In use before the civil law, it recognizes no arbitrary enactments: nature is its only court of equity. And who of us shall forget its ever-living charities; its moving scenes of joy and sadness; its many sunny aspects; its benignant, ennobling, liberalizing influences; which few beyond our own circle can properly appreciate, and none so well understand as ourselves!

"No wonder, then, that the members of our profession, drawn together by these hallowed ties, should be disposed to band together as a brotherhood. Such has always been their course. The Druids of early Gaul and Briton, the Asclepiadæ of Greece, the priests of ancient Egypt, the lamas of Central Asia, the Vaidhyas of India, the fraternities of the middle ages, and up to the present hour the countless societies and colleges of our own and other lands devoted to the healing art, are proof of this. So that wherever social freedom has existed, or tyranny would permit, internal organization and development has been the rule of our profession.

"With these facts before us, our origin and growth as an

element of civilization, is a subject worthy of some attention. I propose to occupy the passing hour in contemplating it, so far at least as relates to the condition of medicine in ancient times, and among those people from whom the usages of modern society have been derived.

"This subject is one which has often furnished occupation for my leisure hours. It is pleasant as well as profitable to turn, on fit occasions, from the bustle of active life to the study of the past: to the origin of our art; to the principles and necessities that called it into being; to the struggles of our ancestry. We are thereby better able to understand our own position, to know how far we have advanced, to whom we owe our progress, the labor still before us, and the places we ourselves are likely to occupy in the estimation of those who are to follow us."

A work so purely historical as the present one, scarcely admits of analysis, and must be read to be appreciated. Dr. Watson's style is chaste and direct; and, in choosing such a theme and bestowing upon it so much time and labor, he has set an example we would be glad to see followed everywhere by those appointed to discharge the literary duties imposed by the various medical organizations of our country. The discourse of Dr. Watson is truly an honor to its author, to the Academy of Medicine, and to the literature of our profession.

N. S. D.

EDITORIAL.

Very Sensitive.

Our readers will remember that we published the entire proceedings of the American Medical Association in the June number of the *Journal*, accompanied by an editorial paragraph commendatory of everything except the *time* selected by the Committee of Arrangements for a Steamboat Excursion. We made no objection to the excursion itself, but only to the *time* chosen for taking it, viz.: the middle of the session and the best working day in it. This simple objection, which contained not a word disrespectful to the Committee of Arrangements, has called forth a formal response in the August number of

the *Peninsular Journal.* In that response, the writer, after expressing "the gratification they (the Committee) have derived from the general manifestation of approval of those arrangements which have reached them from all parts of the Union since the return of the delegates to their homes," says, in reference to the boat-ride and our objections, as follows:—

"We cannot say that this departure from the usage of the Association was universally approved. The gentlemen composing it have at least quietly acquiesced in the arrangement. The complacency of the Committee has only been disturbed by a single voice of disapprobation coming from the editor of the *North-Western Med. and Surg. Journal.*

"As the business of the session was completed before the members of the Association dispersed, we are unable to surmise what loss was sustained by the suspension of labor on Thursday afternoon, unless it was the opportunity of listening to the annual speech of Dr. Davis, of Chicago. And as that gentleman has caused his propensities for water to be widely known, we are equally at a loss to comprehend the reasons for his preference of the evening parties where the aroma of a Roman punch bowl constituted one of the attractions, over an aquatic excursion conducted on temperance principles, unless it be a constitutional tendency to find fault, or a cultivated design to disapprove of whatever has not germinated in Binghamton and been transplanted to Chicago."

This paragraph, besides manifesting a morbid sensibility to criticism, contains mistakes, misrepresentations, and personal insinuations quite characteristic of the source from which it emanates. First, the "suspension of labor" for the excursion took place on *Wednesday*, the second day of the session, and not on "*Thursday afternoon*," as stated by "*one of the Committee.*" Second, we are represented as having expressed a "preference of evening parties, where the aroma of the Roman punch bowl constituted one of the attractions, over an aquatic excursion conducted on temperance principles." We neither expressed nor implied any such preference, and, if the "*Aroma of the Roman Punch Bowl*" constituted one of the *attractions* at the evening parties, the more shame to those who gave them, among whom was doubtless the very individual who penned the article and signed himself "One of the Committee." The personal insinuations about the "annual speech of Dr. Davis"—

his "constitutional tendency to find fault," &c., serve no other purpose than to indicate the feeling which animated the writer. Coming, as they do, doubtless, from one who might just as well sign himself, "One of the Editors of the *Peninsular Journal*, or President of the American Medical Association, as "One of the Committee," they will be duly appreciated.

Unprofessional Advertisements.

We have received communications, from time to time, asking our opinion concerning the propriety of certain modes of advertising by physicians. Generally these questions have related to some speciality, such as "Diseases of the Eye," or "Diseases of the Chest," and we have preferred to let the parties interested form their own opinions, referring them always to the established Code of Ethics. But we have recently received a handbill, which purports to have been issued by Drs. Kreider & Kimber, of Prairie City. It is couched in language so perfectly resembling the ordinary quack advertisements of the newspapers, that we were very much surprised to see the name of Dr. H. W. Kreider connected with it.

The following constitutes a part of this handbill, viz.:—

"*Typhoid Fever.*—This much dreaded disease they are fully prepared to say that they can treat with universal success, having lost but three patients of this disease in nine years, out of several hundreds treated, and that many cases of this fever can be broken up in from three to six days, instead of allowing them to run from twenty to forty days.

"*Consumption.*—The extensive researches which have been instituted by the Medical Profession during the past few years, and which have resulted in bringing to light new and effectual remedies, warrant them in saying that Consumption, if taken in its earlier stages, *can be cured.* They are happy to inform those interested that they are fully prepared with instruments and other means necessary for determining as to whether the lungs are diseased or not, and if diseased, to what extent; and they are also prepared with necessary remedies for arresting such disease, unless it is far advanced.

"Fever Sores, Ulcers of long standing, Chronic Eruptions of the Skin, and various other Chronic Affections, such as Liver Complaint, Enlargement of the Spleen (commonly known as Ague Cake), Diseases of the Stomach, Scrofulous Affections, Diseases of Females, &c., &c.

"To the cure of these, their especial attention will be given, and which they are able to perform in the most successful and satisfactory manner."

When any regular graduate deliberately makes up his mind to commence such a system of advertising, he should precede the step by a return of his diploma to the institution from which it was obtained. The following is what the Code of Ethics, adopted by the American Medical Association, and by nearly all the State Medical Societies in the whole Union, says in relation to this subject. We commend it to the special attention of Drs. Kreider & Kimber:—

"SECTION 3. It is derogatory to the dignity of the Profession, to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with peculiar diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or favor or encourage such publications, except in approved medical prints; to invite laymen to be present at operations; to boast of cures and remedies; to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician."

Union Medical Association.

Pursuant to a call through the public press, the physicians of Southern Illinois met at Centralia, on the 1st day of April, for the purpose of organizing a Medical Society auxiliary to the State Medical Society of Illinois.

F. B. Haller, M.D., of Vandalia, was chosen Chairman of the meeting, and W. D. Green, M.D., of Mt. Vernon, Secretary.

The Society to be known as the UNION MEDICAL ASSOCIATION, of Southern Illinois.

The Association adopted a Constitution and a Code of By-Laws, also, a Tariff of Charges for the government of its members.

The following gentlemen were elected officers for the ensuing year:—

George W. Hotchkiss, M.D., *President.*

F. B. Haller, M.D., *Vice-President.*
W. D. Green, M.D., *Secretary.*
Wm. White, M.D., *Treasurer.*
A. D. Stearns, M.D.,
H. C. Winans, M.D., } *Censors.*
T. Wilkins, M.D.,

The meetings of the Association to be semi-annual, on the third Tuesday of May and the second Tuesday of November.

The next meeting to be at Salem, Ill., Tuesday, November 11th, 1856.

G. W. HOTCHKISS, M.D., *Pres.*
W. DUFF GREEN, M.D., *Sec'y.*

Fiske Prize Fund—Rhode Island.

We cheerfully comply with the request of Dr. Parsons to insert the following notice. We trust that some of our readers in this and other States of the Union will enter the lists to which they are so cordially invited with the profession of Rhode Island.—*Med. & Surg. Reporter.*

The Trustees of the Fiske Fund, at the late meeting of the Rhode Island Medical Society, offered a Premium of One Hundred Dollars for the best Dissertation on the following question:—"What are the causes and nature of that disease, incident to pregnancy and lactation, characterized by inflammation and ulceration of the mouth and fauces, usually accompanied by anorexia, emaciation, and diarrhœa—and what is the best mode of treatment?"

They announce that such dissertations should be sent, free of expense, to their Secretary, S. A. ARNOLD, M.D., PROVIDENCE, R.I., by the first of May, 1857; each dissertation having a motto inscribed on it, and the same motto on a sealed packet, containing the name and address of the writer inside. A condition of receiving the premium is that the property in the dissertation must first be transferred to the trustees of the fund, who cause all successful dissertations to be printed and distributed.

The prize for 1856, on the subject, "Does pregnancy accelerate or retard the development of tubercle of the lungs in persons predisposed to that disease?" was awarded to Dr. Edward Warren, of Edenton, North Carolina.

PENNSYLVANIA COLLEGE—MEDICAL DEPARTMENT.

SESSION OF 1856-'57.

The Regular Course of Lectures will commence on MONDAY, OCTOBER 13TH, and will be continued until the 1st of March.

FACULTY.

DAVID GILBERT, M.D.,	Professor of Obstetrics and Diseases of Women and Children.
ALFRED STILLE, M.D.,	Professor of Theory and Practice of Medicine.
JOHN NEILL, M.D.,	Professor of Surgery.
J. M. ALLEN, M.D.,	Professor of Special and Surgical Anatomy.
JOHN J. REESE, M.D.,	Professor of Medical Chemistry.
JOHN B. BIDDLE, M.D.,	Professor of Therapeutics and Materia Medica.
FRANCIS G. SMITH, M.D.,	Professor of Institutes of Medicine.
H. W. DESAUSSURE FORD,	Demonstrator of Anatomy.

Clinical Instruction will be given by Professors BIDDLE and NEILL, at the *Philadelphia Hospital, Blockley*, during the entire term of the session, in conjunction with other members of the Medical Board of the Hospital. The Students of Pennsylvania College—both *first-course* and *second-course*—will be furnished *gratuitously* with the Ticket to the Philadelphia Hospital. Second-course Students have the option of receiving gratuitously the Ticket to the Pennsylvania Hospital. A Clinic will also be held at the College every Wednesday and Saturday morning throughout the session.

FEES:

For the entire Course of Lectures,	$105
Matriculation, paid once only,	5
Graduation,	30

The Dissecting Rooms will be opened in September, under the direction of the Professor of Anatomy and the Demonstrator.

Preliminary Lectures will be delivered during the fortnight preceding the opening of the session.

JOHN J. REESE, M.D., REGISTRAR,
No. 342 Walnut Street, below Thirteenth, Philadelphia.

ST. LOUIS MEDICAL COLLEGE.

The Regular Lectures in this Institution will commence on the FIRST DAY of NOVEMBER, 1856, and continne until March. A preliminary Course at the College, as also Clinical Lectures at the Hospitals and the Dispensary, will be delivered without extra charge during the month of October.

M. L. LINTON, M.D.,	Professor of the Principles and Practice of Medicine.
A. LITTON, M.D.,	Professor of Chemistry and Pharmacy.
CHARLES A. POPE, M.D.,	Professor of the Principles and Practice of Surgery and Clinical Surgery.
M. M. PALLEN, M.D.,	Professor of Obstetrics and Diseases of Women and Children.
W. M. McPHEETERS, M.D.,	Professor of Materia Medica & Therapeutics.
CHARLES W. STEVENS, M.D.,	Professor of General, Descriptive, and Surgical Anatomy.
JOHN B. JOHNSON, M.D.,	Professor of Clinical Medicine and Pathological Anatomy.
J. H. WATTERS, M.D.,	Professor of Physiology and Medical Jurisprudence.
E. H. GREGORY, M.D.,	Demonstrator of Anatomy.

The most ample opportunities for clinical instruction, both in Medicine and Surgery, are afforded by the several large Hospitals and Dispensary under the care of the Faculty. There is also an abundance of material for the study of practical anatomy.

Fees for the entire Course, $105. Matriculating Ticket, paid but once, $5. Dissecting Ticket, $10. Hospital Tickets, gratuitous. Graduating Fee, $20.

Students or others desiring further information, can either address the Dean, and he will forward them a descriptive pamphlet, or, on arriving in the city, call upon him at his office, south-west corner of Tenth and Locust Streets, or on the Janitor of the College, corner of Seventh and Myrtle Streets.

July, 1856. CHARLES A. POPE, M.D., DEAN.